

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>B</i>		06-24-01
O.I.P.E. CLASSIFIER		48	7/3/01
FORMALITY REVIEW	<i>SW</i>	900	08/14/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/1/02
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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30-859  
8/17